

# CLAIMS ONLY

Application Number

10/848823

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	
1			/									
2			/				61					
3			/				62					
4			/				63					
5			/				64					
6			/				65					
7			/				66					
8			/				67					
9			/				68					
10			/				69					
11			/				70					
12			/				71					
13			/				72					
14			/				73					
15			/				74					
16			/				75					
17			/				76					
18			/				77					
19			/				78					
20			/				79					
21			/				80					
22			/				81					
23			/				82					
24			/				83					
25			/				84					
26			/				85					
27			/				86					
28			/				87					
29			/				88					
30			/				89					
31			/				90					
32			/				91					
33			/				92					
34			/				93					
35			/				94					
36			/				95					
37			/				96					
38			/				97					
39			/				98					
40			/				99					
41			/				100					
42			/									
43			/									
44			/									
45			/									
46			/									
47			/									
48			/									
49			/									
50			/									
Total Indep			3				Total Indep					
Total Depend			12				Total Depend					
Total Claims			15				Total Claims					